

DECLARATION AND POWER OF ATTORNEY
(Patent, Design or C-I-P Application)



As a below-named inventor, I hereby declare that:

My residence, post office, address and citizenship are as stated below next to my name
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Method and Apparatus for Generating an Interleaved Code, the specification of which

_____ is attached hereto
X was filed on November 13, 2000 as Application Serial No. 09/711,177 and was amended on _____

I hereby state that I have reviewed and understand the contents of the above-entitled specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35 United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			Yes No

LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 2 HEREOF YES ___ NO X

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>60/164,944</u>	<u>November 12, 1999</u>
<u>60/164,945</u>	<u>November 12, 1999</u>
(Application Serial No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first page of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

SAUL ELBAUM, Reg. No. 25,486 of 1650 Tysons Blvd., Suite 1700, McLean, VA 22102; ROBERT P. SEITTER, Reg. No. 24,856 of 4 West Red Oak Lane, White Plains, NY 10604; and
IRA C. EDELL, Reg. No. 24,119,
ROBERT H. EPSTEIN, Reg. No. 24,353,
STUART B. SHAPIRO, Reg. No. 40,169 and
PATRICK J. FINNAN, Reg. No. 39,189
J. WARREN LYTLE, JR., Reg. No. 39, 283
KAREN M. GERKEN, Reg. No. 31,161
ANDREW J. ALDAG, Reg. No. 40,483
of EPSTEIN, EDELL, SHAPIRO & FINNAN, LLC
1901 Research Boulevard, Suite 400, Rockville, Maryland 20850-3164.

DECLARATION AND POWER OF ATTORNEY

(Patent, Design or C-I-P Application)

SEND CORRESPONDENCE TO:

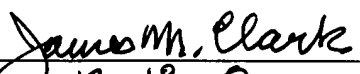
J. Warren Lytle, Jr.
Epstein, Edell, Shapiro & Finnan, LLC
1901 Research Boulevard, Suite 400
Rockville, Maryland 20850

DIRECT TELEPHONE CALLS TO:

301/424-3640

FULL NAME OF INVENTOR #1	LAST NAME: Clark	FIRST NAME: James	MIDDLE NAME: M.
RESIDENCE & CITIZENSHIP	CITY: Verona	STATE OR FOREIGN COUNTRY: New Jersey	COUNTRY OF CITIZENSHIP: US
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 87 Woodland Avenue	CITY: Verona	STATE OR COUNTRY AND ZIP CODE: NJ 07044
FULL NAME OF INVENTOR #2	LAST NAME:	FIRST NAME:	MIDDLE NAME:
RESIDENCE & CITIZENSHIP	CITY:	STATE OR FOREIGN COUNTRY:	COUNTRY OF CITIZENSHIP:
POST OFFICE ADDRESS	POST OFFICE ADDRESS:	CITY:	STATE OR COUNTRY AND ZIP CODE:
FULL NAME OF INVENTOR #3	LAST NAME:	FIRST NAME:	MIDDLE NAME:
RESIDENCE & CITIZENSHIP	CITY:	STATE OR FOREIGN COUNTRY:	COUNTRY OF CITIZENSHIP:
POST OFFICE ADDRESS	POST OFFICE ADDRESS:	CITY:	STATE OR COUNTRY AND ZIP CODE:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor #1 	Signature of Inventor #2	Signature of Inventor #3
Date: 12-18-00	Date:	Date: